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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MABISA CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: MABISA CORP.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

650 N.W. 43 AVE.

MIAMI, FL. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: BUILDING CONSTRUCTIONS

ARTICLE IV SHARES

The number of shares of stock is: 100 AT \$1.00 EA.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMILIO B. ALVAREZ, DIRECTOR Name and Title: _____

Address: 650 N.W. 43 AVE. Address: _____
MIAMI, FL. 33126 Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EMILIO B. ALVAREZ

Address: 650 N.W. 43 AVE.
MIAMI, FL. 33126

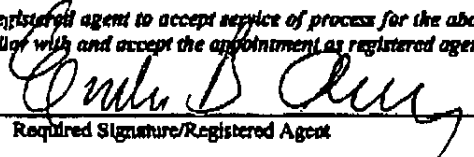
ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: EMILIO B. ALVAREZ

Address: 650 N.W. 43 AVE.
MIAMI, FL. 33126

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

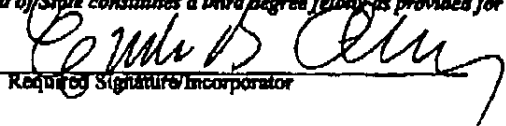


Required Signature/Registered Agent

March 19, 2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.1SS, F.S.



Required Signature/Incorporator

March 19, 2015

Date